

Ebola TTX – *Now is the Time to Prepare*



Our Mission: To protect and improve the health and environment of all Kansans.

Welcome and Introductions

- **Name**
- **Agency**
- **Position**

Our Mission: To protect and improve the health and environment of all Kansans.



Exercise Agenda

[insert start/end time x 15 min]	Welcome, review objectives, and exercise structure/guidelines
[insert start/end time x 10 min]	Background
[insert start/end time x 45 min]	Begin Exercise - Module 1: Initial Case
[insert start/end time x 20 min]	Break
[insert start/end time x 45 min]	Module 2: Surveillance and Containment
[insert start/end time x 45 min]	Module 3: Clinical Issues
[insert start/end time x 20 min]	Hot Wash
[insert start/end time x 10 min]	Evaluation

Goal of this Exercise

- To practice coordination and communication activities in an Ebola virus scenario among:
 - Hospital Infection Control
 - Hospital Clinical Staff
 - Hospital Leadership
 - Hospital Emergency Preparedness Coordinators
 - Local and State Public Health Agencies

Healthcare and Public Health Preparedness Capabilities

- #3 – Emergency Operations Coordination
- #4 – (PHEP) – Emergency Public Information and Warning
- #6 – Information Sharing
- #10 – Medical Surge
- #11 – Non-Pharmaceutical Intervention (PHEP)
- #14 – Responder Safety and Health

Exercise Objectives

- Objective #1: Discuss Emergency Operations Coordination for the hospital and community health and medical partners in response to a person under investigation for Ebola virus.
- Objective #2: Discuss how healthcare/public health agencies will coordinate with local and state agencies to share and disseminate Ebola Virus Disease incident related information in accordance with Emergency Operations Plans.
- Objective #3: Discuss how healthcare agencies will continue to provide care during an Ebola virus incident that exceeds the limits of the normal medical infrastructure in accordance with Emergency Operations Plans.

Objectives - continued

- Objective #4: Identify the factors that affect the ability to deliver non-pharmaceutical interventions – focusing on disease containment and surveillance.
- Objective #5: Discuss how healthcare agencies will protect employees while providing treatment and care to a patient diagnosed with Ebola virus in accordance with the Emergency Operations Plan.

Participant Roles and Responsibilities

- **Players.** Players are personnel who have an active role in discussing roles and responsibilities during the exercise.
- **Observers.** Observers do not directly participate in the exercise.
- **Facilitators.** Facilitators provide situation updates and moderate discussions.
- **Evaluators.** Evaluators are assigned to observe and document certain objectives during the exercise.

Exercise Structure

- This exercise will be a facilitated discussion. Players will participate in group discussion during the following 3 modules:
 - Module 1: Initial Case
 - Module 2: Surveillance and Containment
 - Module 3: Clinical Issues

Exercise Guidelines

- Respond to the scenario using your knowledge of current plans and capabilities and insights derived from your training.
- Decisions are not precedent setting and may not reflect your organization's final position on a given issue. The exercise is an opportunity to discuss and present multiple options and possible solutions.

Exercise Guidelines - continued

- Problem-solving should be the focus. Suggestions and recommended actions that could improve facility protection, information coordination, and response efforts are valuable.
- The scenario is complex. Stay focused on today's questions and don't get sidetracked.
- Follow instructions of the facilitator in order to get the most value from the exercise.

Assumptions and Artificialities

- The exercise is conducted in a no-fault learning environment wherein capabilities, plans, systems, and processes will be evaluated.
- The exercise scenario is plausible, and events occur as they are presented.
- All players receive information at the same time.

Exercise Evaluation

- Evaluation of the exercise is based on the exercise objectives and aligned capabilities, capability targets, and critical tasks, which are documented in Exercise Evaluation Guides (EEGs).
- Evaluators have EEGs for each of their assigned areas.
- Players will be asked to complete participant feedback forms.
- **These documents will be used to evaluate the exercise and compile the After Action Report (AAR).**

Background (as of October 2014)

- The 2014 Ebola outbreak is one of the largest Ebola outbreaks in history and the first in West Africa including:
 - **Guinea**
 - **Liberia**
 - **Nigeria**
 - **Sierra Leone**



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Background – (as of 10/8/14)

- CDC is working with other U.S. government agencies, WHO, UNICEF, and other domestic and international partners in an international response to the current Ebola outbreak in West Africa.
- CDC has activated its EOC to help coordinate technical assistance and control activities with partners.
- CDC has deployed several teams of public health experts to the West Africa region and plans to send additional public health experts to the affected countries to expand current response activities.
- According to the WHO, reported suspected, probable and confirmed Ebola cases in West Africa totals 7470, with 3431 deaths – these numbers constantly changing.

Background – (as of 10/8/14)

- **World Health Organization (WHO) Response**
 - The response of the WHO and other partners to the Ebola outbreak is continuing to grow in Guinea, Liberia, Nigeria and Sierra Leone.
 - To reduce the likelihood that those who are infected will carry the disease outside their communities, the governments have set up quarantine zones in areas of high transmission including some severely-affected cities.

Background – (as of 10/8/14)

- **United States**

- CDC has more than 100 disease detectives on the ground in West Africa, supported by hundreds of public health emergency response experts stateside.
- CDC teams are deployed from the CDC 24/7 Emergency Operations Center (EOC), activated at Level 1, its highest level, because of the significance of this outbreak.

Background – (as of 10/8/14)

- **United States**

- A few American healthcare workers have been confirmed with Ebola infection and have been safely transported to hospitals in the US. These patients were successfully treated and discharged.
- CDC has issued health alerts through the Health Alert Network (HAN) and provided guidance to U.S. healthcare workers and hospitals regarding Ebola virus disease.
- An individual who travelled from Liberia became the first case of Ebola to be diagnosed in the US. The patient has been admitted to a Dallas hospital and placed in isolation.

Background – (as of 10/8/14)

- Kansas Department of Health and Environment
 - KDHE will have most up to date information on the web page at: www.kdheks.gov
 - KDHE will distribute information through the KS HAN system
 - Contact KDHE with specific questions at: response2014@kdheks.gov

Module 1 – Initial Case



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Module 1 – Initial Case

- **Day One: 10:00 A.M.** - Mrs. Smith, a 42 year-old businesswoman with family and business in Sierra Leone, was taken to your Hospital Emergency Department (ED) via ambulance with fever, chills, and malaise symptoms which **started three days ago**, but the fever increased overnight.
- She and her husband arrived home to KY five days ago from Sierra Leone. Mrs. Smith travels frequently to Africa for business. Her husband Mr. Smith, a native of Sierra Leone, accompanied her in the ambulance to the hospital.

Module 1 - continued

- On physical exam, Mrs. Smith has a temperature of 101.6°F, shortness of breath, headache, and muscle pain. This morning vomiting, diarrhea, and abdominal pain began.
- Initial lab work shows thrombocytopenia (<150,000 cells/ μ L and elevated transaminases).
- Mrs. Smith denies contact with any Ebola infected persons, but did have contact with a family member ill with what she believed was **malaria**.

Module 1 - continued

- Thinking back to information received from CDC and KDHE, the ED physician remembers to consider Ebola Virus Disease and wants Mrs. Smith to be admitted to rule out Ebola.
- He calls the Infection Control staff at your hospital, who then calls the local health department and your hospital's Emergency Preparedness Coordinator.

Module 1 - continued

- **Day One: 1:00 P.M.** – Your hospital has notified KDHE. Local public health authorities, KDHE and hospital staff recognize that the patient meets the CDC definition for a “**person under investigation**” (PUI) for Ebola.
- Mrs. Smith is admitted to your hospital. The hospital places the patient in standard, contact and droplet isolation and follows all other infection prevention and control recommendations from CDC.

Module 1 - continued

- After consultation with the KDHE Health Officer and epidemiology staff and the on-duty CDC physician, clinical specimens (blood and blood cultures) are collected for Ebola testing.
- The KDHE Laboratory and Health Officer advise your hospital lab director on proper specimen collection, transport, testing and submission procedures to a CDC-designated laboratory.
- Results will not be available for 24-48 hours, mainly due to the time it takes for specimen transport. In the meantime, other diagnoses are also being considered.
- KDHE has decided to implement its Infectious Disease Outbreak Support Plan and notified incident management personnel that KDHE's Emergency Operations Center (EOC) will be activated.

Module 1 – Key Issues

- A person with suspected Ebola has been admitted to your hospital.
- Local/State Public Health and CDC authorities have been notified and will activate emergency operations centers.
- Your hospital must manage this patient during the 24-48 hours **before** the **CDC-designated** laboratory will have laboratory test results.

Module 1 – Facilitated Discussion

- Refer to the Module 1 questions listed in the Situation Manual for discussion.



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Module 2 – Surveillance and Containment



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Module 2 – Surveillance and Containment

- **Day Two: 8:00 A.M.** - Your hospital activated its Hospital Command Center.
- **Day Two: 11:00 A.M.** - From home, Mr. Smith calls 911 for an ambulance when he develops a fever of 102°F and hacking cough.
- ***Mr. Smith is admitted to your hospital.***
- Your hospital calls the KDHE 24/7 reporting line (888-9REPORT) to report Mr. Smith as a suspect case. You also report any healthcare staff contacts.

Module 2 – Surveillance and Containment

- KDHE advises that at a minimum standard, contact and droplet precautions are recommended and should be sufficient. You can consider using a higher level of protection if, in your judgment and in consultation with CDC, it is warranted.
- CDC recommends rule out testing for malaria, and that lab samples from Mr. Smith be forwarded to the CDC Laboratory, as soon as possible.

Module 2 – Surveillance and Containment

- **Day Two: 12:00 - 1:00 P.M.** – Hospital staff and local health department staff work with Mr. Smith to determine the close contacts of The Smiths during their probable infectious period and recommends fever monitoring twice daily for 21 days for each of the contacts after their last known exposure to either of the Smiths.
- Your hospital's Material Management Director anticipates that your hospital will require more PPE (gowns, masks, and eye protection) for a future operational period.

Module 2 – Surveillance and Containment

- **Day Two: 1:00 P.M.** - The State Epidemiologist begins active surveillance, contact tracing and alerting of any possible exposed cases.
- KDHE staff members, including epidemiologists and hospital preparedness coordinators, discuss the case definition for an Ebola PUI and CDC Infection Control recommendations.
- **Recommendations emphasize the need to collect thorough travel histories on all patients and to immediately report any suspect cases to State and Local Public Health.**

Module 2 – Surveillance and Containment

- **Day Two: 2:00 P.M.** - KDHE receives confirmation from the CDC-designated laboratory that Mrs. Smith's specimen tested positive for Ebola Virus.
- The CDC on-call physician notifies the Attending Physician for Mrs. Smith and also notifies the KDHE on-call epidemiologist of the results.

Module 2 – Surveillance and Monitoring

- **Day Two: 3:00 P.M.** - The Governor's Office, KDHE and your hospital announce that they will hold a press conference tomorrow morning to announce the first human case of Ebola in Kansas.
- A hospital representative is needed at the conference to discuss the steps the hospital has taken to isolate this patient, and protect the patients and staff.
- **A statewide conference call with other hospitals is planned for later today.**

Module 2 – Surveillance and Monitoring

- **Day Two: 4:00 P.M.** - The hospital Emergency Department's Security Officer radios in that a TV reporter and cameraman are setting up across the street from the ED entrance.
- They are not on hospital property but if any others show up they will cause traffic congestion.
- Hospital Security wants the Public Information Officer to deal with the media close to the hospital grounds.

Module 2 – Surveillance and Containment

- **Day Two: 5:00 PM** - The Environmental Services Supervisor calls the Hospital Command Center (if activated) and asks for specific guidance on how her staff is to enter and clean the Ebola patient rooms or if they are required to while the patients are there.
- Some of her staff are very concerned and have threatened to go home if required to go into those rooms.
- The Manager of Materials Management indicates that many of the nursing stations are ordering extra gowns, masks, eye shields, and shoe covers.
- At this rate, the hospital only has enough stock on hand for the next 24 hours and the next delivery is scheduled for three days from now.

Module 2 – Key Issues

- Your hospital has activated its Hospital Command Center.
- A second potential Ebola patient has been admitted to your hospital.
- Local/state Public Health and CDC authorities have been notified.
- Mrs. Smith is now a confirmed case of Ebola.
- Active surveillance and contact tracing has been initiated by public health.
- A press conference is being held and participation by your hospital is essential. The media is setting up across from your ED.
- Environmental Services Supervisor is asking for guidance and staff are threatening to go home.
- The hospital only has enough personal protective equipment stock on hand for the next 24 hours and the next delivery is scheduled for three days from now.

Module 2 – Facilitated Discussion

- Questions: Refer to the Module 2 questions listed in the Situation Manual for the facilitated discussion.



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Module 3 – Clinical Issues



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Module 3 – Clinical Issues

- **Day Three: 6:00 A.M.** – The Attending Physician indicates that Mrs. Smith's condition is worsening, with liver and kidney failure. She may need to be moved to an ICU bed. He has been talking with CDC to see if Mrs. Smith would be able to receive ZMapp or any other experimental medication for Ebola treatment.
- **Day Three: 8:00 A.M.** - The owner of the Hospital's linen contractor called Materials Management and indicated they would not pick up any Ebola contaminated linen. They do not have the capability to burn contaminated linen.

Module 3 – Clinical Issues

- **Day Three: 9:00 A.M.** - Based upon an earlier request, KDHE has been notified that CDC is sending an Epidemic Intelligence Service (EIS) Team to Kansas to assist with this investigation and contact tracing.
- The 9:00 A.M. joint press conference announces the first human case of Ebola in Kansas. The hospital telephone system is clogged with incoming calls from the news media.
- KDHE sends out an urgent Health Alert Network (HAN) message with additional information regarding the first case of human Ebola in Kansas. It includes reminders of instructions and guidance for evaluating suspected cases for Ebola, including case and contact definitions. The alert also provides reporting instructions, links to infection control recommendations, and lab specimen submission procedures.

Module 3 – Clinical Issues

- **Day Three: 10:00 A.M.** - The hospital's birthing center is concerned. They received two calls from soon-to-be mothers who indicated that they are going to a different hospital for their deliveries.
- The staff tried to assure them that they would be perfectly safe, but the callers said they weren't going to take any chances.
- The birthing center staff needs to know what to tell anyone else who calls. They have requested someone announce on local TV stations that coming to the hospital continues to be a safe choice.

Module 3 – Clinical Issues

- **Day Three: 11:00 A.M.** - Mrs. Smith's respiratory status is worsening and the Attending Physician indicates that intubation will be required if her oxygen saturation drops any more. The doctor requests Respiratory Therapy on standby and would like to keep Mrs. Smith in the private room and is requesting a ventilator be brought to the room.
- **Day Three: 11:30 A.M.** – Mr. and Mrs. Smith's next door neighbor has arrived with his spouse and two children at your hospital ED to be checked for Ebola.
- **Other persons are arriving at other local hospitals wanting to be tested for Ebola.**
- In spite of the dedicated efforts of the hospital's clinical staff, Mrs. Smith went into cardiac arrest and efforts to resuscitate her were unsuccessful.

Module 3 – Key Issues

- Mrs. Smith's condition declined, and she died.
- The hospital will require additional staff for clinical care.
- The linen contractor indicated they would not pick up any Ebola contaminated linen.
- CDC is sending an Epidemic Intelligence Service (EIS) Team to Kansas.
- A press conference announces the first human case of Ebola in the state.
- Soon-to-be mothers indicate that they are going to a different hospital for their deliveries.
- Persons are arriving at your hospital and other local hospitals wanting to be tested for Ebola.

Module 3 – Facilitated Discussion

- Questions: Refer to the Module 3 questions listed in the Situation Manual for further discussion.



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Group Hot Wash

- What did you learn about your health and medical preparedness plans to deal with disease such as Ebola?
 - Three Strengths
 - Three Areas for Improvement
 - Lessons Learned
- Please complete the evaluation form in your folder and turn it in to the facilitator or other designated person.

KDHE Points of Contact

- To contact KDHE with a specific question, please email:
 - response2014@kdheks.gov
- CDC website:
 - <http://www.cdc.gov/vhf/ebola/index.html>

Questions



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Ebola – Now is the Time to Prepare Tabletop Exercise

Situation Manual



October 2014

This Situation Manual (SitMan) provides exercise participants with all the necessary tools for their roles in the exercise. Some exercise material is intended for the exclusive use of exercise planners, facilitators, and evaluators, but players may view other materials that are necessary to their performance. All exercise participants may view the SitMan.

EXERCISE OVERVIEW

Exercise Name	Ebola – Now is the Time to Prepare
Exercise Dates	[Indicate the dates of the exercise]
Scope	This exercise is a Tabletop Exercise (TTX), planned for [exercise duration] at [exercise location]. Exercise play is limited to [exercise parameters].
Healthcare Preparedness Capabilities	<ul style="list-style-type: none">• #3 - Emergency Operations Coordination• #4 – Public Information and Warning (PHEP)• #6 - Information Sharing• #10 - Medical Surge• #11 – Non-Pharmaceutical Interventions (PHEP)• #14 - Responder Safety and Health
Objectives	See Exercise Objectives and Healthcare and Public Health Preparedness Capabilities on page 2.
Threat or Hazard	Ebola Virus Disease (EVD)
Scenario	The 2014 Ebola Hemorrhagic Fever outbreak is the largest Ebola outbreak in history and the first in West Africa. A person possibly infected with Ebola presents at your hospital, creating a host of clinical, administrative, and infection control challenges.
Sponsor	Kansas Department of Health and Environment <ul style="list-style-type: none">• Hospital Preparedness Program (HPP)• Public Health Emergency Preparedness (PHEP) Program
Participating Organizations	Participating organizations are listed in Appendix B.
Point of Contact	KDHE Exercise Coordinator – Lisa Williams lawilliams@kdheks.gov 785-296-1984

GENERAL INFORMATION

This TTX was developed to practice the coordination and communication activities in an Ebola Virus Disease (EVD) scenario among Hospital Infection Control staff, Hospital Clinical staff, Hospital leadership, Hospital Emergency Preparedness Coordinators, and Local/State Public Health Agencies.

Exercise Objectives and Healthcare Preparedness Capabilities

The exercise objectives in Table 1 describe the expected outcomes for the exercise and are aligned with the Healthcare Preparedness Capabilities contained in the Office of the Assistant Secretary for Preparedness and Response (ASPR) Guidance of January 2012 titled; “Healthcare Preparedness Capabilities: National Guidance for Healthcare System Preparedness.”

Exercise Objective	Healthcare and Public Health Preparedness Capabilities
Exercise Objective #1: Discuss how healthcare/public health agencies will coordinate and implement emergency response activities to manage patients diagnosed with Ebola Virus Disease (EVD) in accordance with Emergency Operations Plans. (<i>Applicable HCCDA Factors #11, #12, and #14</i>)	#3 - Emergency Operations Coordination
Exercise Objective #2: Discuss how healthcare/public health agencies will coordinate with local and state agencies to share and disseminate Ebola Virus Disease (EVD) incident-related information in accordance with Emergency Operations Plans. (<i>Applicable HCCDA Factors #11 and #12</i>)	#4 – Public Information and Warning (PHEP) #6 - Information Sharing
Exercise Objective #3: Discuss how healthcare agencies will continue to provide care during an Ebola Virus Disease (EVD) incident that exceeds the limits of the normal medical infrastructure in accordance with Emergency Operations Plans. (<i>Applicable HCCDA Factors #11, #12, and #14</i>)	#10 - Medical Surge
Exercise Objective #4: Identify the factors that affect the ability to deliver non-pharmaceutical interventions – focusing specifically on disease containment and surveillance (<i>Applicable HCCDA Factors #12, #14 and 18</i>)	#11 – Non-Pharmaceutical Interventions
Exercise Objective #5: Discuss how healthcare agencies will protect employees while providing treatment and care to patients diagnosed with Ebola Virus Disease (EVD) in accordance with Emergency Operations Plans. (<i>Applicable HCCDA Factors #12, and #14</i>)	#14 - Responder Safety and Health

Table 1. Exercise Objectives and Associated Capabilities

Participant Roles and Responsibilities

The term *participant* encompasses many groups of people, not just those playing in the exercise. Groups of participants involved in the exercise, and their respective roles and responsibilities, are as follows:

- **Players.** Players are personnel who have an active role in discussing or performing their regular roles and responsibilities during the exercise. Players discuss or initiate actions in response to the simulated emergency.
- **Observers.** Observers do not directly participate in the exercise. However, they may support the development of player responses to the situation during the discussion by asking relevant questions or providing subject matter expertise.
- **Facilitators.** Facilitators provide situation updates and moderate discussions. They also provide additional information or resolve questions as required. Key Exercise Planning Team members also may assist with facilitation as subject matter experts (SMEs) during the exercise.
- **Evaluators.** Evaluators are assigned to observe and document certain objectives during the exercise. Their primary role is to document player discussions, including how and if those discussions conform to plans, policies, and procedures.

Exercise Structure

This exercise will be a facilitated exercise. Players will participate in the following three modules:

- Module 1: Initial Case
- Module 2: Surveillance and Containment
- Module 3: Clinical Issues

Each module begins with an update that summarizes key events occurring within that time period. After the updates, participants will review the situation and engage in group discussions of appropriate issues.

After these group discussions, participants will engage in a moderated plenary discussion in which a spokesperson from each group will present a synopsis of the group's actions, based on the scenario.

Exercise Guidelines

- This exercise is designed to be held in an open, low-stress, no-fault environment. Varying viewpoints, even disagreements, are expected.
- Respond to the scenario using your knowledge of current plans and capabilities (i.e., you may use only existing assets) and insights derived from your training.
- Decisions are not precedent setting and may not reflect your organization's final position on a given issue. This exercise is an opportunity to discuss and present multiple options and possible solutions.

- Issue identification is not as valuable as suggestions and recommended actions that could improve facility protection, information coordination, and response/recovery efforts. Problem-solving efforts should be the focus.

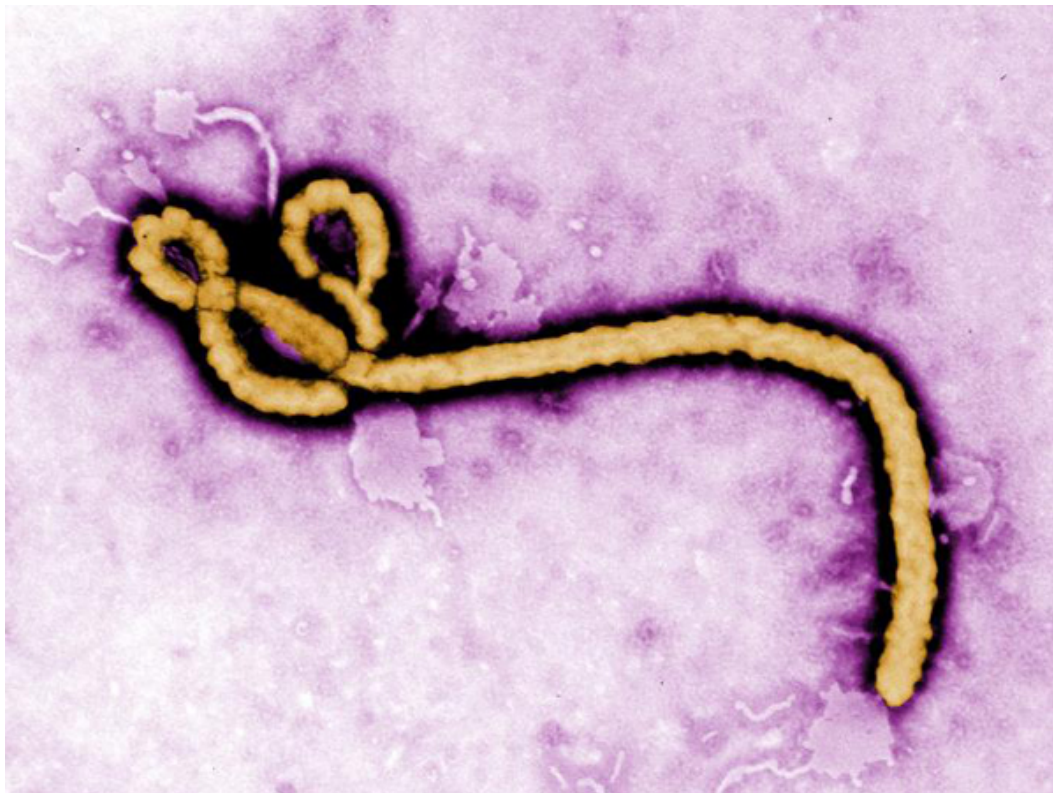
Exercise Assumptions and Artificialities

In any exercise, assumptions and artificialities may be necessary to complete play in the time allotted and/or account for logistical limitations. Exercise participants should accept that assumptions and artificialities are inherent in any exercise, and should not allow these considerations to negatively impact their participation. During this exercise, the following apply:

- The exercise is conducted in a no-fault learning environment wherein capabilities, plans, systems, and processes will be evaluated.
- The exercise scenario is plausible, and events occur as they are presented.
- All players receive information at the same time.

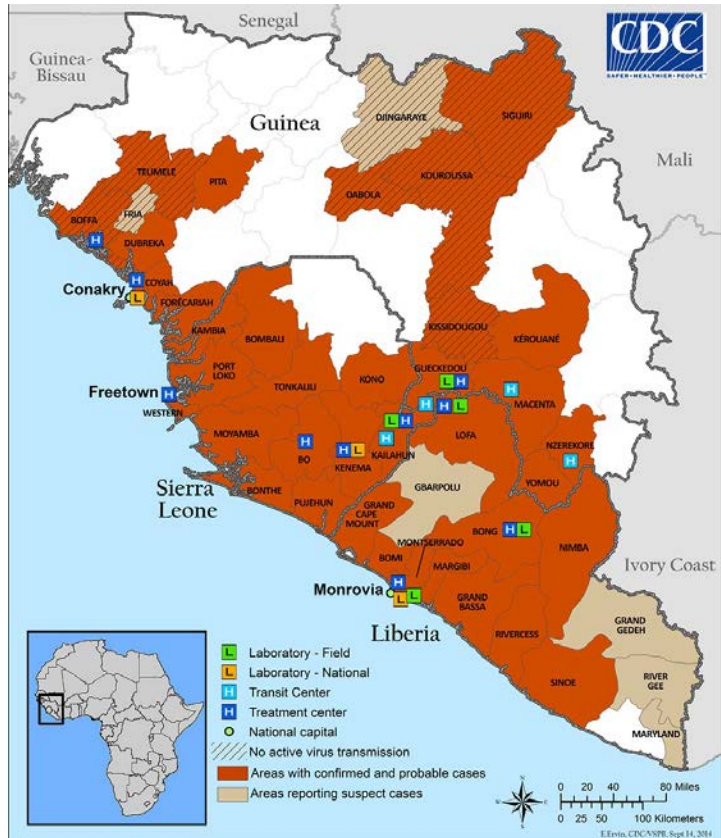
Exercise Evaluation

Evaluation of the exercise is based on the exercise objectives and aligned capabilities, capability targets, and critical tasks, which are documented in Exercise Evaluation Guides (EEGs). Evaluators have EEGs for each of their assigned areas. Additionally, players will be asked to complete participant feedback forms. These documents will be used to evaluate the exercise and compile the After Action Report (AAR).



BACKGROUND INFORMATION (AS OF 10/2014)

The 2014 Ebola outbreak is the largest in history and the first Ebola outbreak in West Africa. It is affecting multiple countries in West Africa, including Guinea, Liberia, Nigeria, and Sierra Leone, but does not currently pose a significant risk to the U.S. public. The Democratic Republic of the Congo (DRC) is affected by a separate outbreak. The U.S. Centers for Disease Control and Prevention (CDC) is working with other U.S. government agencies, the World Health Organization (WHO) UNICEF, and other domestic and international partners in an international response to the current Ebola outbreak in West Africa. CDC has activated its Emergency Operations Center (EOC) to help coordinate technical assistance and control activities with partners. CDC has deployed several teams of public health experts to the West Africa region and plans to send additional public health experts to the affected countries to expand current response activities. According to the WHO, reported suspected, probable and confirmed Ebola cases in West Africa totals 7470, with 3431 deaths (these numbers continually change).



WHO Response

The response of the WHO and other partners to the Ebola Virus Disease (EVD) outbreak is continuing to grow in Guinea, Liberia, Nigeria, and Sierra Leone. To reduce the likelihood that those who are infected will carry the disease outside their communities, the governments have set up quarantine zones in areas of high transmission including some severely-affected cities.

United States Response

CDC has more than 100 disease detectives on the ground in West Africa, supported by hundreds of public health emergency response experts stateside. CDC teams are deployed from the CDC 24/7 Emergency Operations Center (EOC), activated at Level 1, its highest level, because of the significance of this outbreak.

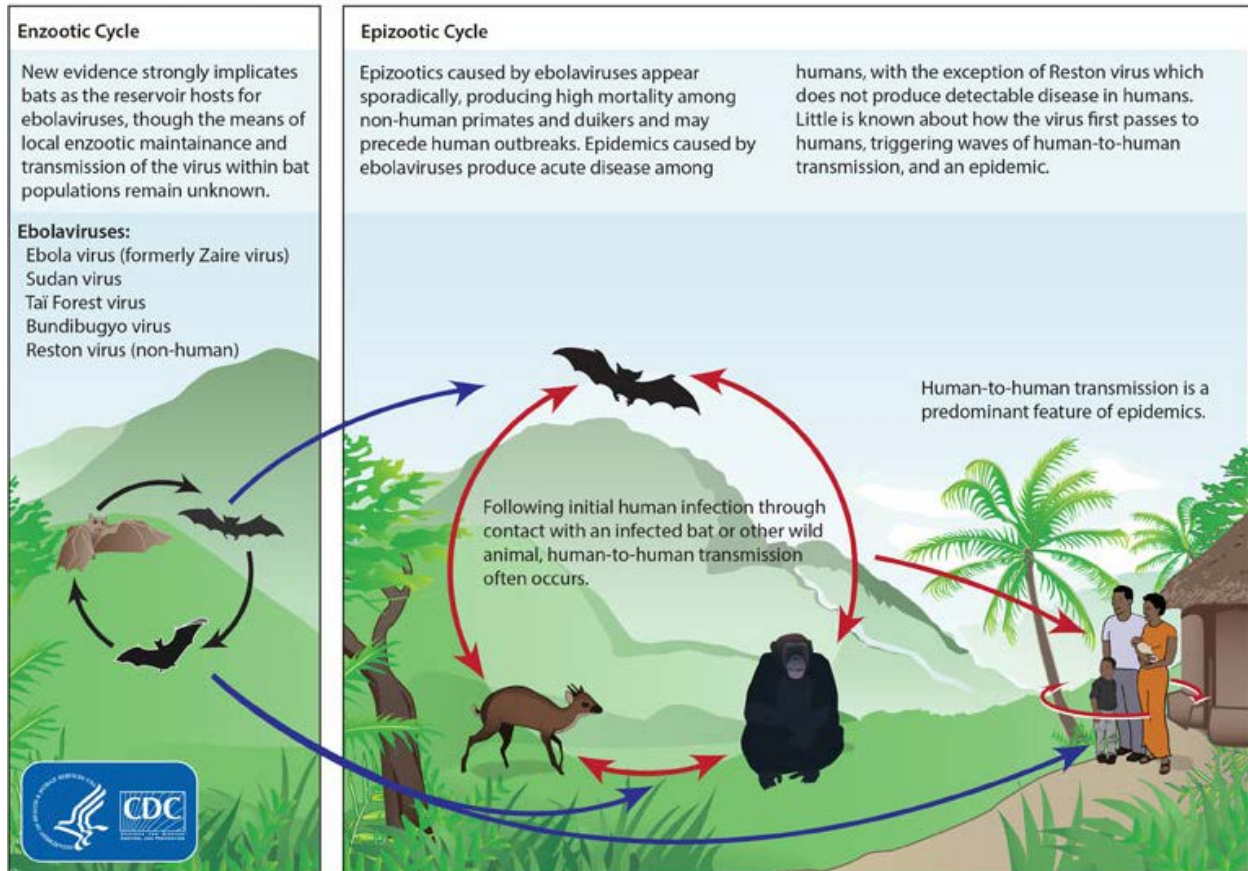
- A few American healthcare workers have been confirmed with Ebola infection and have been safely transported to hospitals in the United States. These patients were successfully treated and discharged.
- CDC has issued health alerts through the Health Alert Network (HAN) and provided guidance to U.S. healthcare workers and hospitals regarding Ebola virus disease.
- An individual who travelled from Liberia became the first case of Ebola to be diagnosed in the United States. The patient was admitted to a Dallas hospital and has since died.

Kansas Department of Health and Environment (KDHE) Response

KDHE staff participates in CDC and Association of State and Territorial Health Officials (ASTHO) conference calls regarding the Ebola outbreak and the need to increase preparation and response activities for Ebola.

Health Advisories and other information on Ebola been disseminated to Kansas hospitals, clinicians, and first responders through the KS-HAN system.

Ebolavirus Ecology



MODULE 1: INITIAL CASE

Day One: 10:00 A.M.

Mrs. Smith, a 42 year-old businesswoman with family and business in Sierra Leone, was taken to your Hospital Emergency Department (ED) via ambulance with fever, chills, malaise, and muscle aches; symptoms which started **three days ago** but the fever increased overnight. She and her husband arrived home to Kansas five days ago from Sierra Leone. Mrs. Smith travels frequently to Africa for business. Her husband, Mr. Smith, a native of Sierra Leone, accompanied her in the ambulance to the hospital.

On physical exam, Mrs. Smith has a temperature of 101.6°F, shortness of breath, headache, and muscle pain. This morning, vomiting, diarrhea, and abdominal pain began. Initial lab work shows thrombocytopenia (<150,000 cells/μL and elevated transaminases). Mrs. Smith denies contact with any Ebola-infected persons, but did have contact with a family member ill with what she believed was malaria.

Thinking back to information received from CDC and KDHE, the ED physician remembers to consider Ebola Virus Disease and wants Mrs. Smith to be admitted to rule out Ebola. He calls the Infection Control Staff at your hospital, who then calls the local health department and your hospital's Emergency Preparedness Coordinator.

Day One: 1:00 P.M.

Your hospital has notified KDHE. Local public health authorities, KDHE, and hospital staff recognize that the patient meets the CDC definition for a “person under investigation” (PUI) for Ebola. Mrs. Smith is admitted to your hospital. The hospital places the patient in standard, contact, and droplet isolation and follows all other infection prevention and control recommendations from CDC.

After consultation with the KDHE Health Officer and epidemiology staff and the on-duty CDC physician, clinical specimens (blood and blood cultures) are collected for Ebola testing. The KDHE Laboratory and Health Officer advise your hospital lab director on proper specimen collection, transport, testing, and submission procedures to a CDC-designated laboratory. Results will not be available for 24-48 hours, mainly due to the time it takes for specimen transport. In the meantime, other diagnoses are also being considered.

KDHE has decided to implement its Infectious Disease Outbreak Support Plan and notified incident management personnel that the KDHE Emergency Operations Center (EOC) will be activated.

Key Issues

- A person with suspected Ebola has been admitted to your hospital.
- Local/State Public Health and CDC authorities have been notified and are activating emergency operations centers.
- Your hospital must manage this patient during the 24-48 hours **before** the CDC-designated laboratory will have confirmatory test results and future treatment plans can be made for the patient.

Questions

Based on the information provided, participate in the discussion concerning the issues raised in Module 1. Identify any critical issues, decisions, requirements, or questions that should be addressed at this time.

The following questions are provided as suggested subjects that you may wish to address as the discussion progresses. These questions are not meant to constitute a definitive list of concerns to be addressed, nor is there a requirement to address every question.

Hospitals

1. Will your hospital activate your emergency response plan & Hospital Incident Command System (HICS)?
2. What is your isolation procedure if this patient presented to your hospital? Where do you keep and find this information?
3. What precautions will you take within the hospital to eliminate the exposure of the patient to hospital equipment with a porous surface?
4. What is your current personal protective equipment (PPE) supply? Does the hospital have ample supply of the appropriate items? How would you request additional supply if current inventory is not adequate?
5. What training will you provide to staff on the proper use of PPE? What training will you provide staff on proper donning and doffing procedures for PPE?
6. How would you notify your laboratory to take special precautions with the specimen? What special precautions should staff use with the other laboratory tests ordered for Mrs. Smith?
7. Does your hospital laboratory have a way to transport urgent specimens to the KDHE laboratory or the CDC-designated laboratory?
8. Who else at your hospital will be notified of the possible Ebola patient?
9. What is the mechanism for your hospital to identify clinical and support staff that may have been exposed? What do you tell your exposed staff members who are employed by the hospital?
10. What is the mechanism for your hospital to identify other patient care professionals not employed by the hospital (e.g., ambulance providers) who may have been exposed? What do you tell your exposed patient care professionals who are not employed by the hospital (EMS)?
11. What information would you give to the general staff at this point? How would you distribute that information? What do you tell other patients and visitors?
12. What would you advise the EMS agency regarding decontamination of ambulance and crew?
13. Are there any special steps the hospital would take for cleaning the emergency room or entry path before further use?
14. Should the patient be provided PPE to reduce transmission risks?

Public Health

1. What actions would local Public Health and KDHE take at this point?
2. Who would be notified and how? How will timely, important information be disseminated to those who need it?
3. How will Public Health assist the hospital?
4. Will there be any information on the public health risk disseminated to the public? If so, how is that information obtained, vetted, and approved for dissemination?

All

1. What, if anything, would you request from the Regional Healthcare Coalition at this point?
2. What information would be shared with the Coalition members?
3. What resource assets would the Coalition help manage?



MODULE 2: SURVEILLANCE AND CONTAINMENT

Day Two: 8:00 A.M.

Your hospital has activated its Hospital Command Center.

Day Two: 11:00 A.M.

From home, Mr. Smith calls 911 for an ambulance when he develops a fever of 102°F and a hacking cough. Mr. Smith is admitted to your hospital.

Your hospital calls the KDHE 24/7 reporting line (888-9REPORT) to report Mr. Smith as a suspect case. You also report any healthcare staff contacts.

KDHE advises that at a minimum, standard, contact, and droplet precautions are recommended and should be sufficient. You can consider using a higher level of protection if, in your judgment and in consultation with CDC, it is warranted. CDC recommends rule-out testing for malaria, and that lab samples from Mr. Smith should be forwarded to the CDC Laboratory, as soon as possible.

Day Two: 12:00 - 1:00 P.M.

Hospital and local health department staff works with Mr. Smith to determine the close contacts of the Smiths during their probable infectious period, and recommends fever monitoring twice daily for 21 days for each of the contacts after their last known exposure to either of the Smiths.

Your hospital's Materials Management Director anticipates that your hospital will require more PPE (gowns, masks, and eye protection) for a future operational period.

Day Two: 1:00 P.M.

The State Epidemiologist begins active surveillance, contact tracing, and alerting of any possible exposed cases. KDHE staff members, including epidemiologists and hospital preparedness coordinators, discuss the case definition for an Ebola PUI and CDC Infection Control recommendations. They emphasize the need to collect thorough travel histories on all patients and to immediately report any suspect cases to State and Local Public Health.

Day Two: 2:00 P.M.

KDHE receives confirmation from the CDC-designated laboratory that Mrs. Smith's specimen tested positive for Ebola Virus. The CDC on-call physician notifies the Attending Physician for Mrs. Smith, and notifies the KDHE on-call epidemiologist of the results.

Day Two: 3:00 P.M.

The Governor's Office, KDHE, and your hospital announce that they will hold a press conference tomorrow morning to announce the first human case of Ebola in Kansas. A hospital representative is needed at the conference to discuss the steps the hospital has taken to isolate this patient, and protect the patients and staff. A statewide conference call with other hospitals is planned for later today.

Day Two: 4:00 P.M.

The hospital Emergency Department's Security Officer radios in that a TV reporter and cameraman are setting up across the street from the ED entrance. They are not on hospital property but if any others show up they will cause traffic congestion. He wants the hospital's Public Information Officer (PIO) to deal with them.

Day Two: 5:00 PM

The Environmental Services Supervisor calls the Hospital Command Center (if activated) and asks for specific guidance on how staff is to enter and clean the Ebola patient rooms or if they are required to do so while the patients are there. Some of her staff are very concerned and have threatened to go home if required to go into those rooms.

The Materials Management Director indicates that many of the nursing stations are ordering extra gowns, masks, eye shields, and shoe covers. At this rate, the hospital only has enough stock on hand for the next 24 hours with the next delivery scheduled for three days from now.

Key Issues

- Your hospital has activated its Hospital Command Center.
- A second potential Ebola patient has been admitted to your hospital.
- Local/State Public Health and CDC authorities have been notified.
- Mrs. Smith is now a confirmed case of Ebola.
- Active surveillance and contact tracing has been initiated by Public Health.
- A joint press conference is being held and participation by your hospital is essential.
- The media is setting up across from your ED.
- Environmental Services Supervisor is asking for guidance and staff members are threatening to go home.
- The hospital only has enough PPE stock on hand for the next 24 hours with the next delivery scheduled for three days from now.

Questions

Based on the information provided, participate in the discussion concerning the issues raised in Module 2. Identify any critical issues, decisions, requirements, or questions that should be addressed at this time.

The following questions are provided as suggested subjects that you may wish to address as the discussion progresses. These questions are not meant to constitute a definitive list of concerns to be addressed, nor is there a requirement to address every question.

Hospital

1. What advice would your hospital provide the EMS crew that transported Mr. Smith?
2. Who at your hospital would be the primary point of contact for Public Health?

3. If KDHE needs to conduct active surveillance at your hospital to look for potential cases, what data sources are available for them (e.g. handwritten / electronic medical charts, electronic outputs, white boards, cardex, etc.)? What is your protocol for working with Public Health Epidemiologists from KDHE?
4. How does your hospital's response change (e.g. change in level of activation, organizational chart, operational period(s), or objectives)? How will you perform other critical hospital functions? What will you do now to prepare for your next operational period?
5. How will you advise Environmental Services?
6. How will you prepare for a possible influx of sick persons/worried well? Will you consider activating your surge plans? What is the protocol for doing so?
7. Will your infection control precautions or triage process change?
8. How will the hospital acquire additional PPE and other critical resources?

Public Health

1. How will local and state public health authorities coordinate and work with each other and the hospital to get needed information from the hospital? Are staff members prepared to work effectively in the field?
2. How would monitoring of close contacts outside the hospital be accomplished? Would isolation or quarantine orders be considered for the hospitalized patients or their contacts? If so, how would those be issued and enforced?

All

1. What actions would you request the Regional Healthcare Coalition take at this point?
2. What information would be shared with the Coalition members?
3. What resource assets would you request the Coalition to help manage?
4. How could the Coalition support this hospital and others in the region?



MODULE 3: CLINICAL ISSUES

Day Three: 6:00 A.M.

The Attending Physician indicates that Mrs. Smith's condition is worsening, with liver and kidney failure, and she may need to be moved to an ICU bed. He has been talking with CDC to see if Mrs. Smith would be able to receive ZMapp or any other experimental medication for Ebola treatment.

Day Three: 8:00 A.M.

The owner of the hospital's linen contractor called Materials Management and indicated they would not pick up any Ebola-contaminated linen. They do not have the capability to burn contaminated linen.

Day Three: 9:00 A.M.

Based upon an earlier request, KDHE has been notified that CDC is sending an Epidemic Intelligence Service (EIS) Team to Kansas to assist with this investigation and contact tracing.

The 9:00 A.M. joint press conference announces the first human case of Ebola in Kansas. The hospital telephone system is clogged with incoming calls from the news media.

KDHE sends out an urgent Health Alert Network (HAN) message with additional information regarding the first case of human Ebola in Kansas. It includes reminders of instructions and guidance for evaluating suspected cases for Ebola, including case and contact definitions. The alert also provides reporting instructions, links to infection control recommendations, and lab specimen submission procedures.

Day Three: 10:00 A.M.

The manager of the hospital's birthing center is upset because she has received two calls from soon-to-be mothers who indicated that they are going to a different hospital for their deliveries. The manager tried to tell them that they would be perfectly safe, but the callers said they weren't going to take any chances. The manager needs to know what to tell anyone else who calls and wants someone to announce on local TV stations that coming to the hospital continues to be a safe choice.

Day Three: 11:00 A.M.

Mrs. Smith's respiratory status is worsening and the Attending Physician indicates that intubation will be required if her oxygen saturation drops any more. The Doctor wants Respiratory Therapy on standby, would like to keep Mrs. Smith in the private room, and is requesting a ventilator be brought to the room.

Day Three: 11:30 A.M.

Mr. and Mrs. Smith's next door neighbor has arrived with his spouse and two children at your hospital ED to be checked for Ebola. Other persons are arriving at other local hospitals wanting to be tested for Ebola. In spite of the dedicated efforts of the hospital's clinical staff, Mrs. Smith went into cardiac arrest and efforts to resuscitate her were unsuccessful.

Key Issues

- Mrs. Smith's condition declined, and she died.
- The hospital will require additional staff for clinical care.
- The linen contractor indicated they would not pick up any Ebola-contaminated linen.
- CDC is sending an Epidemic Intelligence Service (EIS) Team to Kansas.
- A press conference announces the first human case of Ebola in the state.
- Soon-to-be mothers indicate that they are going to a different hospital for their deliveries.
- Persons are arriving at your hospital and other local hospitals wanting to be tested for Ebola.

Questions

Based on the information provided, participate in the discussion concerning the issues raised in Module 3. Identify any critical issues, decisions, requirements, or questions that should be addressed at this time.

The following questions are provided as suggested subjects that you may wish to address as the discussion progresses. These questions are not meant to constitute a definitive list of concerns to be addressed, nor is there a requirement to address every question.

Hospital

1. How will the hospital receive ZMapp if authorized for Mrs. Smith? Are there protocols and rules associated with the hospital using investigational drugs?
2. How will the hospital manage Ebola-contaminated linens?
3. Who within the hospital is responsible for keeping track of staff that have been in contact with Mr. and Mrs. Smith?
4. What crisis communication strategies is the hospital going to use to keep staff and clinicians informed?
5. The Hospital PIO is overwhelmed and needs additional people to handle all the media calls and interview requests. Who can be assigned to assist?
6. Will the hospital hold its own press conference? Who is the designated spokesperson? Should the hospital coordinate with any other agencies to develop and deliver the message?
7. What changes in infection control procedures will be required if Mrs. Smith is intubated? Does the hospital have an adequate number of ventilators? If not, how will the hospital acquire additional ventilators?
8. Who on the hospital staff will handle Mrs. Smith's remains? Who will do the post-mortem examination (if one is done) and what level of PPE will be needed?

9. If a funeral home is to handle the remains, who will contact the funeral home and what precautions will be recommended for their staff?

Public Health

1. What actions will the local health department take at this point?
2. What help will be needed by the local health department from KDHE?
3. Who will conduct epidemiological monitoring of the hospital staff involved in the Smith's care and for how long?

All

1. What actions would you request the Regional Healthcare Coalition take at this point?
2. What information would be shared with the Coalition members?
3. What resource assets would the Coalition help manage?
4. What support would the Coalition provide to hospitals during a surge of ill and worried well persons?



APPENDIX A: EXERCISE AGENDA

Note: The listed start/time periods are recommended. Start/End times can be adjusted for your TTX. Total Time: 3.5 Hours

TIME	ACTIVITY
[Month Day, Year]	
Example: 8:30 A.M. – 8:45 A.M.	Welcome, review objectives, and exercise structure/guidelines
[insert time x 15 min]	Welcome, review objectives, and exercise structure/guidelines
[insert time x 10 min]	Background
[insert time x 45 min]	Begin Exercise - Module 1: Initial Case
[insert time x 20 min]	Break
[insert time x 45 min]	Module 2: Surveillance and Containment
[insert time x 45 min]	Module 3: Clinical Issues
[insert time x 20 min]	Hot Wash
[insert time x 10 min]	Evaluation

APPENDIX B: EXERCISE PARTICIPANTS

Participating Organizations	
Federal	
State	
[Coalition Members – List coalition participants fully]	Percentage of Hospital Participation
[Other Partners]	

APPENDIX C: JOINT COMMISSION STANDARDS

The Joint Commission Chapter on Emergency Management

Elements of performance under The Joint Commission Chapter on Emergency Management (EM) may be demonstrated during either the tabletop or functional exercise, dependent on level of exercise play. A partial list of EM Standards is listed below. Hospital planners should review the entire Emergency Management Chapter for opportunities to demonstrate additional performance elements.

Standard EM 02.02.01

As part of its Emergency Operations Plan, the organization/hospital prepared for how it will communicate during emergencies.

Elements of Performance for EM.02.02.01

The Emergency Operations Plan describes the following:

- EP1: How staff will be notified that emergency response procedures have been initiated.
- EP2: How the hospital will communicate information and instructions to its staff and Licensed Independent Practitioners during an emergency.
- EP3: How the hospital will notify external authorities that emergency response measures have been initiated.
- EP4: How the hospital will communicate with external authorities during an emergency.
- EP5: How the hospital will communicate with patients and their families, including how it will notify families when patients are relocated to alternate care sites.
- EP6: How the hospital will communicate with the community or the media during an emergency.
- EP7: How the hospital will communicate with purveyors of essential supplies, services, and equipment during an emergency.
- EP8: How the hospital will communicate with other healthcare organizations in its contiguous geographic area regarding the essential elements of their respective command structures.
- EP9: How the hospital will communicate with other healthcare organizations in its contiguous geographic area regarding the essential elements of their respective command centers.
- EP10: How the hospital will communicate with other healthcare organizations in its contiguous geographic area regarding the resources and assets that can be shared in an emergency response.
- EP14: The hospital establishes backup systems and technologies for the communication activities identified in EM 02.02.01, EPs 1-9.

Standard EM.02.02.03

As part of its Emergency Operations Plan, the organization/hospital prepares for how it will manage resources and assets during an emergency.

Elements of Performance for EM.02.02.03.

The Emergency Operations Plan describes the following:

- EP2: How the hospital will obtain and replenish medical supplies that will be required throughout the response and recovery phases of an emergency, including personal protective equipment where required.
- EP3: How the hospital will obtain and replenish non-medical supplies that will be required throughout the response and recovery phases of an emergency.
- EP4: How the hospital will share resources and assets with other healthcare organization within the community if necessary.
- EP5: How the hospital will share resources and assets with other healthcare organizations outside the community, if necessary, in the event of a regional or prolonged disaster.
- EP6: How the hospital will monitor quantities of its resources and assets during an emergency.

Standard EM.02.02.05

As part of its Emergency Operations Plan, the organization/hospital prepares for how it will manage security and safety during an emergency.

Elements of Performance for EM.02.02.05.

The Emergency Operations Plan describes the following:

- EP1: The hospital's arrangements for internal security and safety.
- EP2: The roles that community security agencies (for example, police, sheriff, National Guard) will have in the event of an emergency.
- EP7: How the hospital will control entrance into and out of the healthcare facility during an emergency.

Standard EM.02.02.11

As part of its Emergency Operations Plan, the organization/hospital prepared for how it will manage patients during emergencies.

Elements of Performance for EM.02.02.11.

The Emergency Operations Plan describes the following:

- EP4: How the hospital will manage a potential increase in demand for clinical services for vulnerable populations served by the hospital, such as patients who are pediatric, geriatric, disabled, or has serious chronic conditions or addictions.
- EP7: How the hospital will manage mortuary services.

Standard EM.03.01.03

The organization/hospital evaluates the effectiveness of its Emergency Operations Plan.

Elements of Performance for EM.03.01.03

- EP1: As an emergency response exercise, the hospital activated its Emergency Operations Plan twice a year at each site included in the plan.
- EP2: For each site of the hospital that offers emergency services or is a community-designated disaster receiving station, at least one of the hospital's two emergency response exercises includes an influx of simulated patients.
- EP3: For each site of the hospital that offers emergency services or is a community-designated disaster receiving station, at least one of the hospital's two emergency response exercises includes an escalating event in which the local community is unable to support the hospital.
- EP4: For each site of the hospital with a defined role in its community's response plan, at least one of the two exercises includes participation in the community-wide exercise.
- EP5: Emergency response exercises incorporate likely disaster scenarios that allow the hospital to evaluate its handling of communications, resources and assets, security, staff, utilities and patients.
- EP6: The hospital designates an individual(s) whose sole responsibility during emergency exercises is to monitor performance and document opportunities for improvement.
- EP7: During the emergency response exercises, the hospital monitors the effectiveness of internal communication and the effectiveness of communication with outside entities such as local government leadership, police, fire, public health officials, and other healthcare organizations.
- EP8: During emergency response exercises, the hospital monitors resource mobilization and asset allocation, including equipment, supplies, personal protective equipment and transportation.
- EP9: During emergency response exercises, the hospital monitors its management of the following: safety and security.
- EP10: During emergency response exercises, the hospital monitors the following: staff roles and responsibilities.
- EP14: The evaluation all emergency response exercises and all response to actual emergencies includes the identification of deficiencies and opportunities for improvement. This evaluation is documented.

APPENDIX D: LINKS

CDC Guidance	Resource Link
Detailed Hospital Checklist for Ebola Preparedness - The checklist provides practical and specific suggestions to ensure your hospital is able to detect possible Ebola cases, protect your employees, and respond appropriately.	http://www.cdc.gov/vhf/ebola/pdf/hospital-checklist-ebola-preparedness.pdf
Checklist for Healthcare Coalitions for Ebola Preparedness - key areas for healthcare coalitions to review in preparing to care for patients possibly infected with the Ebola virus.	http://www.cdc.gov/vhf/ebola/pdf/coalition-checklist-ebola-preparedness.pdf
Detailed Emergency Medical Services (EMS) Checklist for Ebola Preparedness Is similar to the above, and is intended to enhance collective preparedness and response by highlighting key areas for EMS personnel to review in preparation for encountering and providing medical care to a person with Ebola.	http://www.cdc.gov/vhf/ebola/pdf/ems-checklist-ebola-preparedness.pdf
Facility is able to identify suspect Ebola Virus Disease (EVD) patients and is able to determine patients for whom Ebola testing should be considered.	http://www.cdc.gov/vhf/ebola/hcp/case-definition.html
Facility immediately notifies state and local health authorities upon identification of a patient with suspected Ebola.	http://www.cdc.gov/vhf/ebola/pdf/hospital-checklist-ebola-preparedness.pdf
Facility appropriately isolates suspect Ebola patients using the appropriate level of transmission-based precautions. Staff is able to select, don and doff the appropriate PPE.	http://www.cdc.gov/vhf/ebola/hcp/infection-prevention-and-control-recommendations.html http://www.cdc.gov/vhf/ebola/pdf/ppe-poster.pdf
Clinical staff is able to appropriately diagnose (including recognizing signs, symptoms and lab values and collecting appropriate clinical specimens) and manage suspect Ebola patients.	http://www.cdc.gov/vhf/ebola/hcp/clinician-information-us-healthcare-settings.html http://www.cdc.gov/vhf/ebola/hcp/interim-guidance-specimen-collection-submission-patients-suspected-infection-ebola.html

CDC Guidance	Resource Link
Facility is able to recognize, respond to and manage occupational exposure to Ebola among staff.	http://www.cdc.gov/vhf/ebola/hcp/monitoring-and-movement-of-persons-with-exposure.html
Environmental staff uses appropriate procedures for environmental infection control, environmental cleaning and waste disposal.	http://www.cdc.gov/vhf/ebola/hcp/infection-prevention-and-control-recommendations.html http://www.cdc.gov/hicpac/pdf/guidelines/eic_in_hcf_03.pdf
Laboratory staff uses appropriate procedures for specimen collection, transport, testing and submission for patients with suspected Ebola.	http://www.cdc.gov/vhf/ebola/hcp/interim-guidance-specimen-collection-submission-patients-suspected-infection-ebola.html
Facility is able to safely manage human remains.	http://www.cdc.gov/vhf/ebola/hcp/guidance-safe-handling-human-remains-ebola-patients-us-hospitals-mortuaries.html
Facility uses effective crisis communications to keep staff, patients, the community and the media informed.	http://www.cdc.gov/media/dpk/2014/dpk-ebola-outbreak.html
Facility uses appropriate procedures when transferring patient via air medical transport.	http://www.cdc.gov/vhf/ebola/hcp/guidance-air-medical-transport-patients.html

APPENDIX E: ACRONYMS

Acronym	Term
AAR	After Action Report
ASTHO	Association of State and Territorial Health Officials
CDC	Centers for Disease Control and Prevention
DRC	Democratic Republic of the Congo
DHS	U.S. Department of Homeland Security
ED	Emergency Department
EEG	Exercise Evaluation Guide
EIS	Epidemic Intelligence Service
EM	Emergency Management
EMS	Emergency Medical Services
EOC	Emergency Operations Center
EVD	Ebola Virus Disease
HAN	Health Alert Network
HCC	Healthcare Coalition
HCCDA	Healthcare Coalition Development Assessment
HICS	Hospital Incident Command System
HPP	Hospital Preparedness Program
HSEEP	Homeland Security Exercise and Evaluation Program
ICU	Intensive Care Unit
IP	Infection Preventionist
KDHE	Kansas Department of Health and Environment
LHD	Local Health Department
PHEP	Public Health Emergency Preparedness
PIO	Public Information Officer
PPE	Personal Protective Equipment
PUI	Person Under Investigation
SitMan	Situation Manual
SME	Subject Matter Expert
TTX	Tabletop Exercise
WHO	World Health Organization

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Ebola – Now is the time to Prepare_TTX_2014

Jurisdiction/Organization:	Name of Exercise:
Location:	Date:

Capability #3: Emergency Operations Coordination

Emergency Operations Coordination		
Was information shared with all jurisdictional partners involved or impacted during the incident/ exercise?	<input type="checkbox"/> Fully <input type="checkbox"/> Partially <input type="checkbox"/> Not <input type="checkbox"/> N/A	Comments:
Did the group discuss the coordination of protocols and criteria for a multi-agency response to the incident? (EMS, Hospital, Public Health, other ESF8 partners as outlined in county ESF8 plan)	<input type="checkbox"/> Fully <input type="checkbox"/> Partially <input type="checkbox"/> Not <input type="checkbox"/> N/A	Comments:
Notifications / Information Sharing		
Did the group implement procedures to request additional staffing and supplies as needs arose?	<input type="checkbox"/> Fully <input type="checkbox"/> Partially <input type="checkbox"/> Not <input type="checkbox"/> N/A	Comments:
Strategy		
Were essential services and functions established and prioritized?	<input type="checkbox"/> Fully <input type="checkbox"/> Partially <input type="checkbox"/> Not <input type="checkbox"/> N/A	Comments:
Major Strengths: <i>List (in complete sentences) at least 3 major strengths identified during the exercise.</i>		
Major Areas of Improvement: <i>List (in complete sentences) at least 3 major areas of improvement identified during the exercise.</i>		

Capability #4: Public Information and Warning (PHEP)

Public Information and Warning		
Did the group discuss activation of a Joint Information Center? If so, did this include: KDHE, Local Health Department, CDC, Hospital?	<input type="checkbox"/> Fully <input type="checkbox"/> Partially <input type="checkbox"/> Not <input type="checkbox"/> N/A	Comments:
Did the discussion include providing information to the public – what to provide, how to provide it and who will provide the information?	<input type="checkbox"/> Fully <input type="checkbox"/> Partially <input type="checkbox"/> Not <input type="checkbox"/> N/A	Comments:
Were the local health department and State Health Department included in the communication, situational awareness, and information sharing with the hospital?	<input type="checkbox"/> Fully <input type="checkbox"/> Partially <input type="checkbox"/> Not <input type="checkbox"/> N/A	Comments:
Did the discussion include monitoring media, press briefings, and rumor control?	<input type="checkbox"/> Fully <input type="checkbox"/> Partially <input type="checkbox"/> Not <input type="checkbox"/> N/A	Comments:
Situational awareness		
Did the group provide situational awareness information to the appropriate partners during the incident/exercise?	<input type="checkbox"/> Fully <input type="checkbox"/> Partially <input type="checkbox"/> Not <input type="checkbox"/> N/A	Comments:

Major Strengths: <i>List (in complete sentences) at least 3 major strengths identified during the exercise.</i>	
Major Areas of Improvement: <i>List (in complete sentences) at least 3 major areas of improvement identified during the exercise.</i>	

Capability #6: Information Sharing

Stakeholders		
Were all identified stakeholders included in information sharing?	<input type="checkbox"/> Fully <input type="checkbox"/> Partially <input type="checkbox"/> Not <input type="checkbox"/> N/A	Comments:
Were the messages shared timely, relevant and incident-specific?	<input type="checkbox"/> Fully <input type="checkbox"/> Partially <input type="checkbox"/> Not <input type="checkbox"/> N/A	Comments:
Was a plan implemented that identified levels of information sharing (i.e., what information would be shared with partners and what would be shared with the public)?	<input type="checkbox"/> Fully <input type="checkbox"/> Partially <input type="checkbox"/> Not <input type="checkbox"/> N/A	Comments:
Major Strengths: <i>List (in complete sentences) at least 3 major strengths identified during the</i>		

Ebola – Now is the time to Prepare_TTX_2014

<i>exercise.</i>	
Major Areas of Improvement: <i>List (in complete sentences) at least 3 major areas of improvement identified during the exercise.</i>	

Capability #10: Medical Surge

Assessing the Nature & Scope		
Was Incident Command established at the hospital? What positions were activated?	<input type="checkbox"/> Fully <input type="checkbox"/> Partially <input type="checkbox"/> Not <input type="checkbox"/> N/A	Comments:
Did the group discuss how healthcare services will continue to be provided at the facility in accordance with the facilities Emergency Operations Plan?	<input type="checkbox"/> Fully <input type="checkbox"/> Partially <input type="checkbox"/> Not <input type="checkbox"/> N/A	Comments:
Medical Surge Activation		
Were additional staff and volunteers activated to assist with the medical surge?	<input type="checkbox"/> Fully <input type="checkbox"/> Partially <input type="checkbox"/> Not <input type="checkbox"/> N/A	Comments:
Was situational awareness information communicated in real time with to the command staff? To county partners?	<input type="checkbox"/> Fully <input type="checkbox"/> Partially <input type="checkbox"/> Not <input type="checkbox"/> N/A	Comments:
Did the local health department (LHD) act as the ESF 8 coordinator to collect and distribute information from other community partners?	<input type="checkbox"/> Fully <input type="checkbox"/> Partially <input type="checkbox"/> Not <input type="checkbox"/> N/A	Comments:

Ebola – Now is the time to Prepare_TTX_2014

Jurisdictional / Community Support		
Did any patients require transportation to different facilities? Was there discussion on safety protocols for transport of the patient?	<input type="checkbox"/> Fully <input type="checkbox"/> Partially <input type="checkbox"/> Not <input type="checkbox"/> N/A	Comments:
Major Strengths: <i>List (in complete sentences) at least 3 major strengths identified during the exercise.</i>		
Major Areas of Improvement: <i>List (in complete sentences) at least 3 major areas of improvement identified during the exercise.</i>		

Capability #14: Responder Safety and Health

Identify Risks		
Were response specific risks addressed? Was a plan developed and implemented that addressed the concerns?	<input type="checkbox"/> Fully <input type="checkbox"/> Partially <input type="checkbox"/> Not <input type="checkbox"/> N/A	Comments:
Were responder safety resources and equipment needs addressed?	<input type="checkbox"/> Fully <input type="checkbox"/> Partially <input type="checkbox"/> Not <input type="checkbox"/> N/A	Comments:
Was a plan discussed to provide protection to responders and healthcare workers?	<input type="checkbox"/> Fully <input type="checkbox"/> Partially <input type="checkbox"/> Not <input type="checkbox"/> N/A	Comments:
Was a plan discussed to maintain adequate stock of personal protective equipment and to be able to obtain additional supply if needed from partners, other regions, state caches, etc.?	<input type="checkbox"/> Fully <input type="checkbox"/> Partially <input type="checkbox"/> Not <input type="checkbox"/> N/A	Comments:
Did the local health department (LHD) act as the ESF 8 coordinator to collect and distribute information from other community partners?	<input type="checkbox"/> Fully <input type="checkbox"/> Partially <input type="checkbox"/> Not <input type="checkbox"/> N/A	Comments:

Ebola – Now is the time to Prepare_TTX_2014

Was protocol discussed for ongoing surveillance of those potentially in contact with infected patients? Is there a plan in place to begin monitoring and surveillance if needed?	<input type="checkbox"/> Fully <input type="checkbox"/> Partially <input type="checkbox"/> Not <input type="checkbox"/> N/A	Comments:
Training		
Did the group discuss how to provide training to healthcare workers and responders in their area?	<input type="checkbox"/> Fully <input type="checkbox"/> Partially <input type="checkbox"/> Not <input type="checkbox"/> N/A	Comments:
Major Strengths: <i>List (in complete sentences) at least 3 major strengths identified during the exercise.</i>		
Major Areas of Improvement: <i>List (in complete sentences) at least 3 major areas of improvement identified during the exercise.</i>		

Evaluated By:	Name:	Organization:
	Phone:	Email: